



REQUEST FOR NOTICE OF DISCIPLINARY HEARING

Arizona Dept. of Liquor Licenses and Control
800 W. Washington St. 5th Floor Phoenix, AZ 85007
(602) 542-5141

Type or Print with **Black Ink**

THIS DOCUMENT IS TO BE SIGNED BY AN AUTHORIZED NEIGHBORHOOD REPRESENTATIVE

Neighborhood Association

Neighborhood Association Name: _____

Neighborhood Association Representative: _____
Last First Middle

Mailing Address: _____
Street City State County Zip

Business Phone: _____ Daytime Contact Phone: _____

Licensee

License Number: _____

Agent/Sole Proprietor Name: _____
(Exactly as it appears on license/application) Last First Middle

Mailing Address: _____
Street City State County Zip

License Location: _____
(Exactly as it appears on license/application) Street City State County Zip

Business Phone: _____ Daytime Contact Phone: _____

This statement is filed in accordance with A.R.S. §4-201(E).

State of _____	<div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; vertical-align: middle;">Notary Seal</div>
County of _____	
Signed before me on this ____ day of _____, 20____	
Notary Signature _____	
My commission expires on ____ / ____ / ____	